

CAPITAL ONE BANK, N.A.
417 E. ... Street
(850) 224-8870 • 1-800-3-806-12

A01000000006

Cedar Grove Limited Partnership

200003518322-5
-01/02/01 -01055-019
***1785.00 ***1785.00

pls
file
2nd
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B

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File

☒ LTD Partnership File

Foreign Corp. File

L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

Annual Report / Reinstatement

Cert. Copy

☒ Photo Copy

Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

FILED
01 JAN -3 PM 6:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
01 JAN -2 PM 12:01
DIVISION OF CORPORATION

FILED
01 JAN -3 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 2, 2001

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: CEDAR GROVE LIMITED PARTNERSHIP
Ref. Number: W01000000063

FILED
01 JAN -3 PM 6:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CEDAR GROVE LIMITED PARTNERSHIP and your check(s) totaling \$1785.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

FILED
01 JAN -3 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

Also, please note that in Item 2 on the Affidavit, you should add the word "ADDITIONAL" before the word "ANTICIPATED". We assume that the TOTAL ANTICIPATED AMOUNT is going to be \$1,750,000.00.

Please note that we have RETAINED your \$1,785.00 payment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 301A00000125

Corrected
(i)

RECEIVED
01 JAN -3 AM 9:19
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP
OF

CEDAR GROVE WEST FLORIDA LIMITED PARTNERSHIP

FILED
01 JAN -3 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, desire to form a limited partnership under the Uniform Limited Partnership Act as set forth in Florida Statute §620.101 et. al., make the following certificate:

1. The name of the limited partnership shall be: CEDAR GROVE WEST FLORIDA PARTNERSHIP.
2. The Limited Partnership is created and formed for the purpose of engaging in all lawful business.
3. The mailing address, location of the office and principal place of business for the limited partnership shall be 11508 CARROLLWOOD DRIVE, TAMPA, FLORIDA 33618.
4. The name and address of the general partner is MLGSCG, L.C., whose address is 11508 CARROLLWOOD DRIVE, TAMPA, FLORIDA 33618. *LD1000000042*
5. The partnership shall continue for a term of approximately 25 years.
6. The registered agent and its address for service of process as required by Florida Statute §620.105 for the limited partnership shall be:

PATRICK M. O'CONNOR, ESQUIRE
2240 BELLEAIR ROAD, SUITE 160
CLEARWATER, FLORIDA 33764

The undersigned shall serve as a Registered Agent until otherwise removed or he shall resign pursuant to the laws of the State of Florida.

Under penalties of perjury we declare that we have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 29 day of December, 2000.

WITNESSES:

General Partner

MLGSCG, L.C., a Florida limited liability corporation as general partner

Michelle A. Giorda

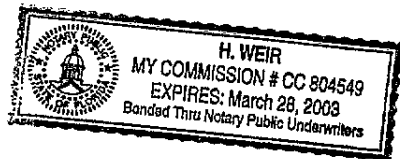
By:

Max L. Gurley
MAX L. GURLEY, its Manager

Myse Kangis

STATE OF FLORIDA)
COUNTY OF PINELLAS) S.S.

The foregoing instrument was acknowledged before me this 29 day of December, 2000, by MAX L. GURLEY as Manager of MLGSCG, L.C., as general partner, on behalf of the CEDAR GROVE WEST FLORIDA LIMITED PARTNERSHIP, a Florida Limited Partnership. He is personally known to me or has produced _____ as identification and did take an oath.



H. Weir
Notary Public
State of Florida
My Commission Expires:

FILED
JAN - 3 AM 11:50
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Acknowledgment of Registered Agent

I hereby am familiar with and accept the duties and responsibilities as Registered Agent pursuant to Florida Statute §620.105 for said limited partnership.

By: _____

Patrick M. O'Connor
Registered Agent

AFFIDAVIT OF CAPITAL CONTRIBUTION BY
GENERAL PARTNERS WITH REGARD TO
CEDAR GROVE WEST FLORIDA LIMITED PARTNERSHIP

01 JAN -3 AM 11:50
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
COUNTY OF PINELLAS) S.S.

MAX L. GURLEY, as Manager of MLGSCG, L.C., a Florida limited liability corporation, being duly sworn, on oath deposes and says:

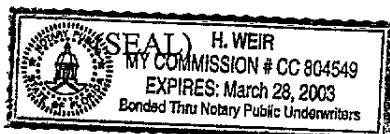
1. That he has personal knowledge of the facts contained herein.
2. That he is the Manager of MLGSCG, L.C., a Florida limited liability corporation, ("MLGSCG, L.C."), and as such is empowered and authorized to execute this Affidavit.
3. That MLGSCG, L.C., is the sole general partner of CEDAR GROVE WEST FLORIDA LIMITED PARTNERSHIP.
4. The amounts of the capital contributions to CEDAR GROVE WEST FLORIDA LIMITED PARTNERSHIP by the limited partners are \$1,000,000.00.
5. The amount of the ^{additional} anticipated capital contribution to CEDAR GROVE WEST FLORIDA LIMITED PARTNERSHIP to be contributed by the limited partners will be \$750,000.00.

FURTHER AFFIANT SAITH NOT.

Max L. Gurley
MAX L. GURLEY

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 29th day of December, 2000, by MAX L. GURLEY, who is personally known to me or who has produced _____ as identification and who did take an oath.



My Commission Expires:

H. Weir
Signature of Person Taking Acknowledgment

H. Weir
Printed Name of Acknowledger

Title or Rank